2004									
MICCOURT DEDARTMENT OF			2000		Enclosure Sequence No. 1040-08 and 1040P-01				
MISSOURI DEPARTMENT OF CERTIFICATION OF RE	_	MO-C		Read instructions on reverse side. Print or type. Enclose with Form MO-PTC or Form MO-1040P.					
YOUR SOCIAL SECURITY NUMBER	YOUR SPOUSE'S SOCIAL SECURITY	NUMBER	ARE Y	OU RELATED TO	YOUR LAND	LORD?	☐ YES ☐ NO IF YES, HOW?		
YOUR NAME, ADDRESS OF RENTAL UNIT, AND CIT	Y, STATE AND ZIP CODE	3. LANDLOR	L D'S NAM	E, SOCIAL SECUR	ITY NO., HON	ME ADDF	RESS AND CITY, STATE AND ZIP CODE		
		_							
4. RENTAL PERIOD FROM: MONTH DURING YEAR	DAY	2000	TO:	MONTH	_	DAY	— 2000		
5. Enter your gross rent paid. (Enclose re	ntal receipt(s).)					5	00		
6. You may need to reduce your rent paid. A. APARTMENT, HOUSE, MOBILI LOW INCOME HOUSING — 10 B. BOARDING HOME — 50% C. RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE E. HOTEL If meals are included, eif filing combined), enter the apy You must enclose copies of y	E HOME, MOBILE HOME LOT 0% CARE NURSING HOME — 45° nter — 50%; Otherwise, enter your home with relatives and/o	% — 100% or friends (otherweyou occupi	er than ied	your spouse,		6	%		
You must enclose copies of your rent receipts or copies of cancelled checks for rent paid 7. Net rent paid. Multiply Line 5 by the percent on Line 6. ENTER HERE AND							70		
ON FORM MO-PTC, LINE 9 OR FORM MO-1040P, LINE 31.							00		

MO 860-1090 (11-2000)

This publication is available upon request in alternative accessible format(s).

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			2000 Enclosure Sequence		No. 1040-08 and 1040P-01			
MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2000			FORM MO-CI		Read instructions on reverse side. Print or type. Enclose with Form MO-PTC or Form MO-1040P.			
1.	YOUR SOCIAL SECURITY NUMBER	YOUR SPOUSE'S SOCIAL SECURITY NO	JMBER	ARE Y	OU RELATED TO YOUR LAND	LORD?	☐ YES ☐ NO IF YES, HOW?	
2. YOUR NAME, ADDRESS OF RENTAL UNIT, AND CITY, STATE AND ZIP CODE 3. LANDLORD'S NAME, SOCIAL SECURITY NO., HO							RESS AND CITY, STATE AND ZIP CODE	
_								
4.	RENTAL PERIOD FROM: MO DURING YEAR		EAR 000	TO:	MONTH	DA	— YEAR 2000	
5.	Enter your gross rent paid. (En	close rental receipt(s).)				5	00	
6.	You may need to reduce your r A. APARTMENT, HOUSE LOW INCOME HOUSII B. BOARDING HOME C. RESIDENTIAL CARE- D. SKILLED OR INTERMI E. HOTEL If meals are inc F. SHARED HOME—If you if filing combined), enter							
You must enclose copies of your rent receipts or copies of cancelled checks for rent paid.						6	%	
7.	Net rent paid. Multiply Line 5 by ON FORM MO-PTC, LINE 9 O	y the percent on Line 6. ENTER HERE AIR FORM MO-1040P, LINE 31	ND 	<u>.</u>	<u></u>	7	00	

INSTRUCTIONS FOR COMPLETING FORM MO-CRP, CERTIFICATION OF RENT PAID

- **Step 1:** Enter all general information requested on Lines 1, 2, 3 and 4. If rent is paid to a relative, the relationship to the land-lord must be indicated on Line 1.
- **Step 2:** Enter on Line 5 the total rent paid by you and your spouse only. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes (see homestead definition). Also, exclude any rent paid to your landlord on your behalf by any organization.
- **Step 3:** If you were a resident of a nursing home or boarding home during 2000, use the applicable percentage stated on the front of Form MO-CRP, Certification of Rent Paid. If you live in a hotel and meals are included in your rent payment, enter 50%; otherwise enter 100%. If you share your home with relatives and/or friends, enter the appropriate percentage of your home you occupied. If none of the reductions apply to you, enter 100% on Line 6.
- **Step 4:** Multiply Line 5 by the percentage on Line 6 and enter this amount on Form MO-CRP, Line 7 and on Form MO-PTC, Line 9 or Form MO-1040P, Line 31.

CHECKLIST

- ✓ Complete one Form MO-CRP for each rented home you occupied during 2000. (Additional forms are available upon request.)
- ✓ Enclose Form MO-CRP with Form MO-PTC or Form MO-1040P to verify rent claimed.
- ✓ Enclose a copy of your 2000 rent receipt(s) from your landlord, (including the housing authority, nursing home or residential care facility). The rent receipt(s) must be signed by the landlord and must include his/her social security number. Copies of cancelled checks will be acceptable if your landlord will not provide a rent receipt(s).
- ✓ Enclose a statement from your guardian stating that the Form MO-PTC or Form MO-1040P is being filed on behalf of the claimant by a nursing home or residential care facility.

MO 860-1090 (11-2000)

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